

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS

RECEIVED

NEW HAMPSHIRE

(RSA Chapter 15) PLEASE PRINT OCT 3 1 2018 1. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau DEPARTMENT OF STATE II. Name of lobbyist's partnership, firm or corporation, if any: Orr & Reno, P.A (Name of partnership, firm or corporation) 45 S. Main Street, P.O. Box 3550 Concord Business Address: (Street) (Town/City) (603) 224-2381 (603) 224-2318 e-mail groussos@orr-reno.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Cigna (Full Name of Client as it appears on the Lobbyist Registration Form) <u>O</u>R ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 🔲 July 25, 2018 🔲 IV. Date of Report Reports cover: activity from dote of registration to 3/31/18 octivity from 4/1/18 to 6/30/18 October 31, 2018 🔯 January 30, 2019 🔲 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or

Concord, NH 03301.

| VI. Check if additiona | l reports arc | attached: |
|------------------------|---------------|-----------|
|------------------------|---------------|-----------|

- Expense Reimbursement
- ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

10/31/18 (Date)

George W. Roussos (Print Name of lobbyist)

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any: | | |
|--|---|--|
| Orr & Reno, P.A. | | |
| Orr & Reno, P.A. (Name of partnership, firm or corporation) | | |
| III. Name of Client Cigna | Date1(| 0/31/18 |
| | | |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The greduced by any expenses: | nt relations, or | public relations servic |
| a) Total of all fees received in this reporting period | a) \$ | 15,000.00 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) | | 29,900.00 |
| c) Total of all fees received to date (Add lines a and b) | c) \$ | 44,900.00 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ | 0.00 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of the being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported. | client and if ex may be filed he aggregate to expenses; (b) the ole: meals purcess than \$10 the ied with a value forting period of lue of greater of ter than \$25, b s, expense rein | spenditures are made la for the lobbyist(s)/finital of all expenses pare aggregate total of a hased during a busine at is given to the perse of \$25.00 or less); as f greater than \$25.00 fthan \$25, purchase of ut not greater than \$5 hoursement, or politic |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ | 0.00 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ | 0.00 |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ | 0.00 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ | 0.00 |
|---|-----------------|---------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ | 100.00 |
| f) Total of all expenses year to date | f) \$ | 100.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged. | obbying fees du | ring this reporting |
| Paid to: | Amount: | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| | \$ | |
| | \$ | |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | | |
| m M/m | 10/31/18 | ł |
| (Signature of lobbyist) | (Dat | |
| George W. Roussos (Print Name of lobbyist) | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn | State | ment/Aff | irmation | by L | obbyist |
|--------|--------|----------|----------|-------|---------|
| Statem | ent of | Income | and Exp | enses | for: |

| Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. |
|---|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any |
| particular client): Cigna |
| Date of Report (check one): |
| April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☒ January 30, 2019 ☐ |
| have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and he following Addendums submitted with that Statement (insert the number of Addendum forms being ubmitted): |
| 1 Addendum A(s). |
| Addendum B(s). |
| Addendum C(s). |
| hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 10/31/18 |
| Signature of lobbyist) (Date) |
| George W. Roussos |
| Print Name of lobbyist) |